

FROM MORGAN, LEWIS -

(MON) 10. 16' 00

/ST. 15:04/NO. 3560704097 P 2/8

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

ATTORNEY DOCKET NO.: 046914-501

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH AVAILABILITY/HIGH DENSITY SYSTEM AND METHOD

the specification of which:

is attached hereto; or

was filed as United States application Serial No. _____ on _____ and was amended on _____ (if applicable); or

was filed as PCT international application Number _____ on _____ and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office information which is material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN APPLICATION(S):

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

FROM MORGAN, LEWIS -

(MON) 10.16'00 /ST. 15:04/NO. 3560704097 P 3/8

Combined Declaration For Patent Application and Power of Attorney - (Continued)
(Includes Reference to PCT International Applications)**ATTORNEY DOCKET NO.: 046914-500**

I hereby claim the benefits under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

U.S. PROVISIONAL APPLICATIONS**U.S. PROVISIONAL APPLICATION NO.****U.S. FILING DATE**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT**U.S. APPLICATIONS****STATUS (Check One)****U.S. APPLICATION NO.****U.S. FILING DATE****PATENTED****PENDING****ABANDONED**

POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered practitioners of Morgan, Lewis & Boekius LLP included in the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number.

Customer Number: 009629

Direct Telephone Calls To:
(name and telephone number)

Robert J. Gaybrick
202-467-7501



FROM MORGAN, LEWIS - D

(MON) 10. 16' 00 15 ST. 15:04/NO. 3560704097 P 4/2

Combined Declaration For Patent Application and Power of Attorney - (Continued)
(includes Reference to PCT International Applications)

ATTORNEY DOCKET NO.: 046914-500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Michael Hamilton COWARD	
RESIDENCE & CITIZENSHIP	8027 Paseo Del Ocaso La Jolla, California 92037	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS	same as above	
FIRST OR SOLE INVENTOR'S SIGNATURE		DATE 10-17-2000
FULL NAME OF SECOND INVENTOR	Robert Penn CAGLE	
RESIDENCE & CITIZENSHIP	506 Bluefield Drive Claremont, California 91711	COUNTRY OF CITIZENSHIP UNITED STATES
POST OFFICE ADDRESS	same as above	
SECOND INVENTOR'S SIGNATURE		DATE 10-17-2000

Listing of Inventors Continued on attached page(s) ☐ Yes ☒ No

FROM MORGAN, LEWIS & BOYD

(MON) 10. 16' 00 /ST. 17:35/NO. 3561705163 P 4/5

PATENT
ATTORNEY DOCKET NO.: 046914-5001**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS**
37 C.F.R. §§1.9(f) and 1.27(c)-SMALL BUSINESS CONCERN

Applicants: Michael H. COWARD et al.

Filed: Herewith

Title: HIGH AVAILABILITY/HIGH DENSITY SYSTEM AND METHOD

I hereby state that I am

☐ the owner of the small business concern identified below:☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Continuous Computing Corporation

ADDRESS OF CONCERN: 9380 Carroll Park Drive

San Diego, California 92121

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. §121, and reproduced in 37 C.F.R. §1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **HIGH AVAILABILITY/HIGH DENSITY SYSTEM AND METHOD**

described in:

☒ the specification filed herewith with the title as listed above.☐ the application identified above.☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. §1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

NAME:		
ADDRESS:		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NON PROFIT ORGANIZATION
NAME:		
ADDRESS:		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NON PROFIT ORGANIZATION

